

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 28 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014201

1. Corporation Name

JASCO FOOD SERVICE OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

6744 NORTHEAST 4TH AVE.  
MIAMI FL 33138

P.O. BOX 402766  
MIAMI BEACH FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1998

5. FEI Number

65-0814260

Applied For

APPLIED FOR

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	STERN, ORLY	4396 PINETREE DRIVE	MIAMI BEACH FL 33140
VP	STERN, JEFFREY	4396 PINETREE DRIVE	MIAMI BEACH FL 33140

800004765519--7  
01/10/02--01077--015  
\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STERN, ORLY  
4396 PINETREE DRIVE  
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01

CR2E040 (8/01)

192052

To Whom it may concern,

We have not received these forms until Nov 12, 2001. Our mailing address has changed to

4396 pinetree Drive  
Miami Beach, FL 33140

We were unable to access the PO Box mail. I'm sorry for the confusion we are working on a FET # w/ a man named Richard Monypenny at the IRS. I am enclosing a check for \$150 for lack of cooperation. Please call me when you receive this letter at 305-606 8396 so we can make sure that everything is okay. Thanks for your help in advance.

Andy St